## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notification.	ed below or directed oth	ng the Patent, advance of herwise in Block 1, by (	rders and notification of r a) specifying a new corres	naintenance fees v pondence address	vill be i ; and/or	mailed to the current (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	Feet	s) Transmittal, Th	is certif	icate cannot be used for	domestic mailings of the or any other accompanying at or formal drawing, must		
49142	7590 07/17	/2007		Cei	tificate	of Mailing or Transn	nission
SCHOX PLC 209 N. MAIN S ANN ARBOR, I		I he Stat addi tran	reby certify that the	is Fee(s	) Transmittal is being	deposited with the United t class mail in an envelope above, or being facsimile te indicated below.	
				_ _Jeffrey S	•		(Depositor's name)
				21 Capt	200	7	(Signature)
	· · · · · · · · · · · · · · · · · · ·		L	21 Sept.	200	/	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/817,088	04/02/2004		Robert J. Guilford III	•		BLUE-P04 2146	
TITLE OF INVENTION: CONTAINER FOR PROMOTING THERMAL TRANSFER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	10/17/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	· ·			
WEAVER, SUE A		3781	215-011100	·			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or typ	•			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI	•	fied below, no assignee eletion of this form is NO	data will appear on the part a substitute for filing an an (B) RESIDENCE: (CITY	_			cument has been filed for
Blue Clover	Design, LLC	Los Angeles, CA					
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual X	orporati	on or other private gro	up entity Government
4a e following fec(s) are submitted:  X 'ssue Fee  X 'ublication Fee (No small entity discount permitted)  L Advance Order - # of Copies			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicated s SMALL ENTITY statu	,	☐ b. Applicant is no long	nam alaimin a CNAN	I PAIT	TTV C 27 CF	D 1 27/->/2>
NOTE: The Issue Fee an	d Publication Fee (if requ		d from anyone other than the				
		Les Fateilt and Trademark	Office.	21 (	Sant	2007	
Authorized Signature		Jeffrey	Schov	Date 21 S			
Typed or printed nam				_	_		Lasta HODEC
an application of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	ctain a benefit by t imated to take 12 i idual case. Any co r, U.S. Patent and THIS ADDRESS	ne publi minutes mments Tradem S. SEND	to which is to file (and to complete, including on the amount of time ark Office, U.S. Depair TO: Commissioner for the control of the commissioner for the c	by the USPTO to process) gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.